

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-376)

SERIAL NO. 10-019-312 | FILING DATE

APPLICANT(S)

CLAIMS	AS FILED				AFTER		AFTER		IND.	IND.	IND.	IND.				
	1st AMENDMENT		2nd AMENDMENT		IND.	IND.	IND.	IND.								
	IND.	DEP.	IND.	DEP.												
1									61							
2									62							
3		12							63							
4		67							64							
5		16							65							
6		67							66							
7		70							67							
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49																
50																
TOTAL IND.		7														
TOTAL DEP.		9														
TOTAL CLAIMS		11														
TOTAL CLAIMS																